

LOUISIANA CONRAD STATE 30 PROGRAM SUPPORT REQUEST APPLICATION PACKET CHECKLIST

Physician's Name and US DOS Case #: _____

*The following is the checklist of items required for a complete Louisiana Conrad State 30 Program support request application packet. **REVIEW APPENDIX A of the Louisiana Conrad State 30 Program Policy to ensure items requested are completed correctly.** Processing of incorrect and/or incomplete packets will be delayed until all issues are addressed.*

- _____ 1. Form DS-3035 and Third Party Bar Code Page
- _____ 2. Cover letter (letter of support from state of Louisiana) —**NOT provided by applicant**
- _____ 3. Copy of dated, signed employment contract
- _____ 4. Documentation of HPSA designation/FLEX (Non-HPSA) status (*circle which is provided*)
- _____ 5. Letter of need from practice site
- _____ 6. Signed Physician Statement—*see Appendix A for correct wording*
- _____ 7. Curriculum Vitae

Appendix to Louisiana Conrad State 30 Program Support Request Application Packet:

- _____ A. Qualifications—*see all items/documents listed in Appendix A*
- _____ B. Notarized physician attestation form—*see Appendix A for correct wording*
- _____ C. IAP-66/DS-2019 forms for each year in J-1 Visa status
- _____ D. Form G-28 or letterhead from law firm, *if applicable*
- _____ E. I-94 Entry and Departure Cards and/or Passport documentation
- _____ F. Three (3) letters of professional recommendation — **NO FORM LETTERS**
- _____ G. Documentation of physician's visit to practice site
- _____ H. Original signed copy of *CRITERIA FOR J-1 VISA WAIVER SUPPORT BY STATE OF LA* form
- _____ I. Evidence of employer's regional and national recruitment efforts
- _____ J. Documentation of all US citizens/permanent residents who applied and reason not hired
- _____ K. Four (4) letters of support from the community—**NO FORM LETTERS**
- _____ L. Documentation of practice site's existence
- _____ M. Dire Need Criteria Form *required for specialists*
- _____ N. Copy of Verification of Employer's Valid Medicaid ID Number
- _____ O. Prevailing Wage Information
- _____ P. Documentation of Sliding Fee Scale/Indigent Care Policy
- _____ Q. Explanation for Out of Status, *if applicable*
- _____ R. "No Objection" Statement, *if applicable*